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CONFIRMATION NO. 7140

<b>SERIAL NUMBER</b> 10/809,798	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 2004477-US
<b>APPLICANTS</b> Emmanuel Delorme, Chalon Sur Saone, FRANCE; Georges Eglin, Beziers, FRANCE; Jean-Marc Beraud, Saint-Etienne, FRANCE;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 03 03 895 03/28/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/11/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 69289				
<b>TITLE</b> METHOD AND IMPLANT FOR CURING CYSTOCELE				
<b>FILING FEE RECEIVED</b> 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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